

ARIZONA STATE DEPARTMENT OF HEALTH
(This return should preferably be made by the person who made the original)

SEX OF CHILD*

male

Twin
Triplet
or other?

and

Number
in order
of birth

DATE OF BIRTH

Sept

1

1921

FULL NAME

Boules Aboumader

FULL MAIDEN NAME

Adma Sliby

I HEREBY CERTIFY that the child described herein has been named

Aboumader Sliby

(Give name in full) (Surname)

E. Pro. Aboumader

(Parent's Signature)

(Signature of Physician or Midwife)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 93-

Place of Birth

Miami

County

Ala

No.

St.

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

125-901-126